

BEFORE THE
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Petition for
Reinstatement:

Teresa Marie Arellano

Registered Nurse License No. 480656

Petitioner.

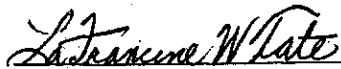
OAH No. L2006030556

DECISION

The attached Decision of the Board of Registered Nursing is hereby adopted by the Board as its Decision in the above-entitled matter.

This Decision shall become effective on June 24, 2006.

IT IS SO ORDERED this 25th day of May 2006.



President
Board of Registered Nursing
Department of Consumer Affairs
State of California

**BEFORE THE
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Petition for Reinstatement of:

TERESA MARIE ARELLANO,

Petitioner.

OAH No. L2006030556

DECISION

This matter was heard by a quorum of the Board of Registered Nursing (Board) on April 6, 2006, in Torrance, California. The Board members who participated in the hearing and decision were LaFrancine Tate, Public Member, President; Grace Corse, RN, Vice President; Carmen Morales-Board, MSN, NP, RN; Elizabeth O. Dietz, Ed.D., RN, CS-NP; Orlando H. Pile, M.D.; and Susanne Phillips, MSN, RN, APRN-BC, FNP. Eric Sawyer, Administrative Law Judge, Office of Administrative Hearings, State of California, presided.

Petitioner was present and represented herself.

Gloria Barrios, Deputy Attorney General, appeared on behalf of the Attorney General of the State of California.

The petition and other relevant documents were presented. Petitioner and the Deputy Attorney General made oral presentations to the Board. Petitioner responded to questions of Board members and the Deputy Attorney General. The record was closed, the Board met in executive session, and the matter was decided on the day of the hearing.

FACTUAL FINDINGS

1. On August 31, 1992, the Board issued Registered Nursing License No. 480656 to Petitioner. On September 14, 2000, Petitioner's license was suspended by order of a judge of the San Mateo Superior Court following her felony conviction of violating Health and Safety Code section 11371.1.

2A. The Board, by a Decision and Order, effective July 27, 2001, accepted Petitioner's stipulated surrender of her license in resolution of Board case no. 2001-224, in which Petitioner also agreed that upon reinstatement of her license she would pay the Board costs recovery in the amount of \$10,962.00 pursuant to a payment plan approved by the Board.

2B. The basis of the Board's discipline was Petitioner's admission, in her stipulated surrender, of the truth of the allegations contained in the Accusation in Board case no. 2001-224. Primarily, the Accusation alleged that from 1997-2000, Petitioner engaged in the following misconduct: conviction of a crime substantially related to registered nursing (the above-described violation of the Health and Safety Code); inappropriate and unprofessional behavior while acting as a registered nurse; falsifying records or making grossly incorrect, inaccurate or unintelligible entries in hospital and patient records pertaining to controlled substances; unlawfully obtaining controlled substances (morphine sulfates) for her own use from hospital supply without a prescription; and that the above conduct also constituted gross negligence and incompetence.

3. The petition was filed with the Board on January 3, 2006.

4. Petitioner has successfully completed the probation from her conviction, as well as the probations from two other convictions not alleged in the Accusation but related to her above-described misconduct.

5. The misconduct that formed the basis of the Board's discipline was the result of Petitioner's addiction to painkillers in 1996 following the birth of her fifth child. After being arrested and put in jail, Petitioner finally began to come to grips with her addiction when she participated in an inmate four-month recovery program. Her sobriety date is December 13, 2001. As part of probation from one of her criminal cases, Petitioner successfully completed, in 2002, a three-month residential substance abuse program at the Women's Recovery Association. She adheres to a 12-step program, faithfully attends A.A. and N.A. meetings and remains in constant contact with her sponsor (a woman who is also in the medical profession). Petitioner also volunteers time to her local A.A. program and is a sponsor of two other recovering addicts. Petitioner submitted evidence of at least nine clean drug tests taken in the past few years. Petitioner also regularly attends church and believes her spirituality is an effective tool to combat her addiction.

6. Since November 2003, Petitioner has remained gainfully employed as a medical assistant for a pediatric physician. Both that physician and his office manager have nothing but good things to say about Petitioner as an employee and as a person.

7. Petitioner's request for reinstatement is supported by her husband, current employer, a previous physician-employer, close family friends and her A.A. sponsor. Each submitted very encouraging letters attesting to Petitioner's sobriety and complete change of attitude from that which led her addiction-related problems.

8. In September 2005, Petitioner completed 30 hours of continuing professional education in nursing (substance abuse).

9. Petitioner expressed to the Board during the hearing sincere remorse for her misconduct. She was candid in her description of her drug addiction and recovery. The Board is impressed that Petitioner now understands her addiction and how to battle it.

LEGAL CONCLUSIONS

1. Petitioner has the burden of establishing by clear and convincing evidence that she is entitled to the requested relief. (Bus. & Prof. Code, § 2760.1, subd. (b).)

2. Petitioner clearly and convincingly established that cause exists to reinstate her license, pursuant to Business and Professions Code section 2760.1, and California Code of Regulations, title 16, section 1445. Petitioner established sufficient rehabilitation from her conviction and demonstrated to the Board that she is in control of her drug addiction. No evidence of misconduct subsequent to her discipline was presented. Almost six years have elapsed since the misconduct that led to her discipline. Petitioner complied with all the terms of her criminal probations. Under these circumstances, the Board is satisfied that public protection will not be jeopardized by reinstating Petitioner's license. (Factual Findings 1-9.)

3. However, the public will be fully protected only if such reinstatement is on a probationary basis. Both Government Code section 11522, and Business and Professions Code section 2760.1, subdivision (e), provide the Board with the authority to reinstate a previously revoked license upon appropriate "terms and conditions." In this case, Petitioner's past misconduct was the result of a drug addiction, she has been sober a moderate period of time, and she has been without her license for almost six years. Thus, a three-year probation is warranted, with terms and conditions including that she take a nursing refresher course, comply with the Board's addiction recovery program and pay the Board costs recovery from the prior disciplinary action. (Factual Findings 1-9.)

ORDER

The petition of Teresa Marie Arellano (hereinafter Respondent) for reinstatement of licensure is hereby GRANTED. A license shall be issued to Respondent. Said license shall immediately be REVOKED, the order of revocation STAYED, and Respondent placed on PROBATION for a period of THREE (3) YEARS. Respondent shall enroll in and successfully complete a refresher course or an equivalent set of courses as approved by representatives of the Board. Respondent is SUSPENDED from practice until the required course work is successfully completed, but may use her license for the limited purpose of completing requirements of the required course work. The probation includes the following terms and conditions:

SEVERABILITY CLAUSE

Each condition of probation contained herein is a separate and distinct condition. If any condition of this Order, or any application thereof, is declared unenforceable in whole, in part, or to any extent, the remainder of this Order, and all other applications thereof, shall not be affected. Each condition of this Order shall separately be valid and enforceable to the fullest extent permitted by law.

(1) OBEY ALL LAWS

Respondent shall obey all federal, state and local laws. A full and detailed account of any and all violations of law shall be reported by the Respondent to the Board in writing within seventy-two (72) hours of occurrence. To permit monitoring of compliance with this condition, Respondent shall submit completed fingerprint forms and fingerprint fees within 45 days of the effective date of the decision, unless previously submitted as part of the licensure application process.

CRIMINAL COURT ORDERS: If Respondent is under criminal court orders, including probation or parole, and the order is violated, this shall be deemed a violation of these probation conditions, and may result in the filing of an accusation and/or petition to revoke probation.

(2) COMPLY WITH THE BOARD'S PROBATION PROGRAM

Respondent shall fully comply with the conditions of the Probation Program established by the Board and cooperate with representatives of the Board in its monitoring and investigation of the respondent's compliance with the Board's Probation Program. Respondent shall inform the Board in writing within no more than 15 days of any address change and shall at all times maintain an active, current license status with the Board, including during any period of suspension.

Upon successful completion of probation, respondent's license shall be fully restored.

(3) REPORT IN PERSON

Respondent, during the period of probation, shall appear in person at interviews/meetings as directed by the Board or its designated representatives.

(4) RESIDENCY, PRACTICE, OR LICENSURE OUTSIDE OF STATE

Periods of residency or practice as a registered nurse outside of California shall not apply toward a reduction of this probation time period. Respondent's probation is tolled, if and when he or she resides outside of California. The respondent must provide written notice to the Board within 15 days of any change of residency or practice outside the state, and within 30 days prior to re-establishing residency or returning to practice in this state.

Respondent shall provide a list of all states and territories where he or she has ever been licensed as a registered nurse, vocational nurse, or practical nurse. Respondent shall further provide information regarding the status of each license and any changes in such license status during the term of probation. Respondent shall inform the Board if he/she applies for or obtains a new nursing license during the term of probation.

(5) SUBMIT WRITTEN REPORTS

Respondent, during the period of probation, shall submit or cause to be submitted such written reports/declarations and verification of actions under penalty of perjury, as required by the Board. These reports/declarations shall contain statements relative to respondent's compliance with all the conditions of the Board's Probation Program. Respondent shall immediately execute all release of information forms as may be required by the Board or its representatives.

Respondent shall provide a copy of this decision to the nursing regulatory agency in every state and territory in which he or she has a registered nurse license.

(6) FUNCTION AS A REGISTERED NURSE

Respondent, during the period of probation, shall engage in the practice of registered nursing in California for a minimum of 24 hours per week for 6 consecutive months or as determined by the Board.

For purposes of compliance with the section, "engage in the practice of registered nursing" may include, when approved by the Board, volunteer work as a registered nurse, or work in any non-direct patient care position that requires licensure as a registered nurse.

The Board may require that advanced practice nurses engage in advanced practice nursing for a minimum of 24 hours per week for 6 consecutive months or as determined by the Board.

If respondent has not complied with this condition during the probationary term, and the respondent has presented sufficient documentation of his or her good faith efforts to comply with this condition, and if no other conditions have been violated, the Board, in its discretion, may grant an extension of the respondent's probation period up to one year without further hearing in order to comply with this condition. During the one-year extension, all original conditions of probation shall apply.

(7) EMPLOYMENT APPROVAL AND REPORTING REQUIREMENTS

Respondent shall obtain prior approval from the Board before commencing or continuing any employment, paid or voluntary, as a registered nurse. Respondent shall cause to be submitted to the Board all performance evaluations and other employment related reports as a registered nurse upon request of the Board.

Respondent shall provide a copy of this decision to his or her employer and immediate supervisors prior to commencement of any nursing or other health care related employment.

In addition to the above, respondent shall notify the Board in writing within seventy-two (72) hours after he or she obtains any nursing or other health care related employment. Respondent shall notify the Board in writing within seventy-two (72) hours after he or she is terminated or separated, regardless of cause, from any nursing, or other health care related employment with a full explanation of the circumstances surrounding the termination or separation.

(8) SUPERVISION

Respondent shall obtain prior approval from the Board regarding respondent's level of supervision and/or collaboration before commencing or continuing any employment as a registered nurse, or education and training that includes patient care.

Respondent shall practice only under the direct supervision of a registered nurse in good standing (no current discipline) with the Board of Registered Nursing, unless alternative methods of supervision and/or collaboration (e.g., with an advanced practice nurse or physician) are approved.

Respondent's level of supervision and/or collaboration may include, but is not limited to the following:

- (a) Maximum - The individual providing supervision and/or collaboration is present in the patient care area or in any other work setting at all times.
- (b) Moderate - The individual providing supervision and/or collaboration is in the patient care unit or in any other work setting at least half the hours respondent works.
- (c) Minimum - The individual providing supervision and/or collaboration has person-to-person communication with respondent at least twice during each shift worked.
- (d) Home Health Care - If respondent is approved to work in the home health care setting, the individual providing supervision and/or collaboration shall have person-to-person communication with respondent as required by the Board each work day. Respondent shall maintain telephone or other telecommunication contact with the individual providing supervision and/or collaboration as required by the Board during each work day. The individual providing supervision and/or collaboration shall conduct, as required by the Board, periodic, on-site visits to patients' homes visited by the respondent with or without respondent present.

(9) EMPLOYMENT LIMITATIONS

Respondent shall not work for a nurse's registry, in any private duty position as a registered nurse, a temporary nurse placement agency, a traveling nurse, or for an in-house nursing pool.

Respondent shall not work for a licensed home health agency as a visiting nurse unless the registered nursing supervision and other protections for home visits have been approved by the Board. Respondent shall not work in any other registered nursing occupation where home visits are required.

Respondent shall not work in any health care setting as a supervisor of registered nurses. The Board may additionally restrict respondent from supervising licensed vocational nurses and/or unlicensed assistive personnel on a case-by-case basis.

Respondent shall not work as a faculty member in an approved school of nursing or as an instructor in a Board approved continuing education program.

Respondent shall work only on a regularly assigned, identified and predetermined worksite(s) and shall not work in a float capacity.

If the respondent is working or intends to work in excess of 40 hours per week, the Board may request documentation to determine whether there should be restrictions on the hours of work.

(10) COMPLETE A NURSING COURSE(S)

Respondent, at his or her own expense, shall enroll and successfully complete a course(s) relevant to the practice of registered nursing no later than six months prior to the end of his or her probationary term.

Respondent shall obtain prior approval from the Board before enrolling in the course(s). Respondent shall submit to the Board the original transcripts or certificates of completion for the above required course(s). The Board shall return the original documents to respondent after photocopying them for its records.

(11) COST RECOVERY

Respondent shall pay to the Board costs associated with its investigation and enforcement pursuant to Business and Professions Code section 125.3 in the amount of \$10,962.00. Respondent shall be permitted to pay these costs in a payment plan approved by the Board, with payments to be completed no later than three months prior to the end of the probation term.

If respondent has not complied with this condition during the probationary term, and respondent has presented sufficient documentation of his or her good faith efforts to comply with this condition, and if no other conditions have been violated, the Board, in its discretion, may grant an extension of the respondent's probation period up to one year without further hearing in order to comply with this condition. During the one-year extension, all original conditions of probation will apply.

(12) VIOLATION OF PROBATION

If a respondent violates the conditions of his/her probation, the Board after giving the respondent notice and an opportunity to be heard, may set aside the stay order and impose the stayed discipline (revocation/suspension) of the respondent's license.

If during the period of probation, an accusation or petition to revoke probation has been filed against respondent's license or the Attorney General's Office has been requested to prepare an accusation or petition to revoke probation against the respondent's license, the probationary period shall automatically be extended and shall not expire until the accusation or petition has been acted upon by the Board.

(13) LICENSE SURRENDER

During respondent's term of probation, if he or she ceases practicing due to retirement, health reasons or is otherwise unable to satisfy the conditions of probation, respondent may surrender his or her license to the Board. The Board reserves the right to evaluate respondent's request and to exercise its discretion whether to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances, without further hearing. Upon formal acceptance of the tendered license and wall certificate, respondent will no longer be subject to the conditions of probation.

Surrender of respondent's license shall be considered a disciplinary action and shall become a part of respondent's license history with the Board. A registered nurse whose license has been surrendered may petition the Board for reinstatement no sooner than the following minimum periods from the effective date of the disciplinary decision:

1. Two years for reinstatement of a license that was surrendered for any reason other than a mental or physical illness; or
2. One year for a license surrendered for a mental or physical illness.

(14) PHYSICAL EXAMINATION

Within 45 days of the effective date of this decision, respondent, at his/her expense, shall have a licensed physician, nurse practitioner, or physician assistant, who is approved by the Board before the assessment is performed, submit an assessment of the respondent's physical condition and capability to perform the duties of a registered nurse. Such an assessment shall be submitted in a format acceptable to the Board. If medically determined, a recommended treatment program will be instituted and followed by the respondent with the physician, nurse practitioner, or physician assistant providing written reports to the Board on forms provided by the Board.

If respondent is determined to be unable to practice safely as a registered nurse, the licensed physician, nurse practitioner, or physician assistant making this determination shall immediately notify the Board and respondent by telephone, and the Board shall request that the Attorney General's office prepare an accusation or petition to revoke probation. Respondent shall immediately cease practice and shall not resume practice until notified by the Board. During this period of suspension, respondent shall not engage in any practice for which a license issued by the Board is required until the Board has notified respondent that a medical determination permits respondent to resume practice. This period of suspension will not apply to the reduction of this probationary time period.

If the respondent fails to have the above assessment submitted to the Board within the 45-day requirement, respondent shall immediately cease practice and shall not resume practice until notified by the Board. This period of suspension will not apply to the reduction of this probationary time period. The Board may waive or postpone this suspension only if significant, documented evidence of mitigation is provided. Such evidence must establish good faith efforts by the respondent to obtain the assessment, and a specific date for compliance must be provided. Only one such waiver or extension may be permitted.

(15) PARTICIPATE IN TREATMENT/REHABILITATION PROGRAM FOR CHEMICAL DEPENDENCE

Respondent, at his/her expense, shall successfully complete during the probationary period or shall have successfully completed prior to commencement of probation a Board-approved treatment/rehabilitation program of at least six months duration. As required, reports shall be submitted by the program on forms provided by the Board. If respondent has not completed a Board-approved treatment/rehabilitation program prior to commencement of probation, respondent, within 45 days from the effective date of the decision, shall be enrolled in a program. If a program is not successfully completed within the first nine months of probation, the Board shall consider respondent in violation of probation.

Based on Board recommendation, each week respondent shall be required to attend at least one, but no more than five 12-step recovery meetings or equivalent (e.g., Narcotics Anonymous, Alcoholics Anonymous, etc.) and a nurse support group as approved and directed by the Board. If a nurse support group is not available, an additional 12-step meeting or equivalent shall be added. Respondent shall submit dated and signed documentation confirming such attendance to the Board during the entire period of probation. Respondent shall continue with the recovery plan recommended by the treatment/rehabilitation program or a licensed mental health examiner and/or other ongoing recovery groups.

(16) ABSTAIN FROM USE OF PSYCHOTROPIC (MOOD-ALTERING) DRUGS

Respondent shall completely abstain from the possession, injection or consumption by any route of all psychotropic (mood altering) drugs, including alcohol, except when the same are ordered by a health care professional legally authorized to do so as part of

documented medical treatment. Respondent shall have sent to the Board, in writing and within fourteen (14) days, by the prescribing health professional, a report identifying the medication, dosage, the date the medication was prescribed, the respondent's prognosis, the date the medication will no longer be required, and the effect on the recovery plan, if appropriate.

Respondent shall identify for the Board a single physician, nurse practitioner or physician assistant who shall be aware of respondent's history of substance abuse and will coordinate and monitor any prescriptions for respondent for dangerous drugs, controlled substances or mood-altering drugs. The coordinating physician, nurse practitioner, or physician assistant shall report to the Board on a quarterly basis respondent's compliance with this condition. If any substances considered addictive have been prescribed, the report shall identify a program for the time limited use of any such substances.

The Board may require the single coordinating physician, nurse practitioner, or physician assistant to be a specialist in addictive medicine, or to consult with a specialist in addictive medicine.

(17) SUBMIT TO TESTS AND SAMPLES

Respondent, at his/her expense, shall participate in a random, biological fluid testing or a drug screening program which the Board approves. The length of time and frequency will be subject to approval by the Board. The respondent is responsible for keeping the Board informed of respondent's current telephone number at all times. Respondent shall also ensure that messages may be left at the telephone number when he/she is not available and ensure that reports are submitted directly by the testing agency to the Board, as directed. Any confirmed positive finding shall be reported immediately to the Board by the program and the respondent shall be considered in violation of probation.

In addition, respondent, at any time during the period of probation, shall fully cooperate with the Board or any of its representatives, and shall, when requested, submit to such tests and samples as the Board or its representatives may require for the detection of alcohol, narcotics, hypnotics, dangerous drugs, or other controlled substances.

If respondent has a positive drug screen for any substance not legally authorized and not reported to the coordinating physician, nurse practitioner, or physician assistant, and the Board files a petition to revoke probation or an accusation, the Board may suspend respondent from practice pending the final decision on the petition to revoke probation or the accusation. This period of suspension will not apply to the reduction of this probationary time period.

If respondent fails to participate in a random, biological fluid testing or drug screening program within the specified time frame, the respondent shall immediately cease practice and shall not resume practice until notified by the Board. After taking into account documented evidence of mitigation, if the Board files a petition to revoke probation or an

accusation, the Board may suspend respondent from practice pending the final decision on the petition to revoke probation or the accusation. This period of suspension will not apply to the reduction of this probationary time period.

(18) MENTAL HEALTH EXAMINATION

The respondent shall, within 45 days of the effective date of this decision, have a mental health examination including psychological testing as appropriate to determine his/her capability to perform the duties of a registered nurse. The examination will be performed by a psychiatrist, psychologist or other licensed mental health practitioner approved by the Board. The examining mental health practitioner will submit a written report of that assessment and recommendations to the Board. All costs are the responsibility of the respondent. Recommendations for treatment, therapy or counseling made as a result of the mental health examination will be instituted and followed by the respondent.

If respondent is determined to be unable to practice safely as a registered nurse, the licensed mental health care practitioner making this determination shall immediately notify the Board and respondent by telephone, and the Board shall request that the Attorney General's office prepare an accusation or petition to revoke probation. Respondent shall immediately cease practice and may not resume practice until notified by the Board. During this period of suspension, respondent shall not engage in any practice for which a license issued by the Board is required, until the Board has notified respondent that a mental health determination permits respondent to resume practice. This period of suspension will not apply to the reduction of this probationary time period.

If the respondent fails to have the above assessment submitted to the Board within the 45-day requirement, respondent shall immediately cease practice and shall not resume practice until notified by the Board. This period of suspension will not apply to the reduction of this probationary time period. The Board may waive or postpone this suspension only if significant, documented evidence of mitigation is provided. Such evidence must establish good faith efforts by the respondent to obtain the assessment, and a specific date for compliance must be provided. Only one such waiver or extension may be permitted.

(19) THERAPY OR COUNSELING PROGRAM

Respondent, at his/her expense, shall participate in an on-going counseling program until such time as the Board releases him/her from this requirement and only upon the recommendation of the counselor. Written progress reports from the counselor will be required at various intervals.

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IT IS SO ORDERED. This Decision shall be effective June 24, 2006.

Dated: May 25, 2006

A handwritten signature in cursive script, reading "LaFrancine Tate", written over a horizontal line.

LaFrancine Tate, President,
Board of Registered Nursing
Department of Consumer Affairs
State of California

**BEFORE THE
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

Case No. 2001-224

TERESA MARIE ARELLANO
32 Springfield Drive
San Francisco, California 94132

Registered Nurse License No. 480656

Respondent.

DECISION AND ORDER

The attached Stipulated Surrender of License is hereby adopted by the Board of Registered Nursing of the Department of Consumer Affairs, as its Decision in the above entitled matter.

This Decision shall become effective on July 27th, 2001.

It is so ORDERED June 27th, 2001.



FOR THE BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS

1 BILL LOCKYER, Attorney General
of the State of California
2 HANNAH HIRSCH ROSE, State Bar No. 56276
Deputy Attorney General

3 Attorneys for Complainant
4

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9
10 **BEFORE THE**
BOARD OF REGISTERED NURSING
11 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

12 In the Matter of the Accusation Against:

Case No. 2001-224

13 TERESA MARIE ARELLANO
14 32 Springfield Drive
San Francisco, California 94132

**STIPULATED SURRENDER OF
LICENSE AND ORDER**

15 Registered Nurse License No. 480656

16 Respondent.
17

18 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the
19 above-entitled proceedings that the following matters are true:

20 PARTIES

21 1. Complainant Ruth Ann Terry, M.P.H., R.N. is the Executive Officer of the
22 Board of Registered Nursing. She brought this action solely in her official capacity and is
23 represented in this matter by Bill Lockyer, Attorney General of the State of California, by
24 Hannah Hirsch Rose, Deputy Attorney General and Lydia Zane, Senior Legal Analyst.

25 2. Respondent Teresa Marie Arellano ("Respondent") represents herself in
26 this matter.

27 3. On or about August 31, 1992, the Board of Registered Nursing issued
28 Registered Nurse License Number 480656 to Teresa Marie Arellano ("Respondent"). The

1 Registered Nurse License was in full force and effect at all times relevant to the charges brought
2 herein and will expire on December 31, 2001. On or about September 14, 2000, respondent's
3 license was suspended by order of the California Superior Court following her conviction and
4 subsequent sentencing for the felony violation of Health & Safety Code section 11371.1.

5 JURISDICTION

6 4. Accusation Number 2001-224 was filed before the Board of Registered
7 Nursing of the Department of Consumer Affairs ("Board"), and is currently pending against
8 Respondent. The Accusation, together with all other statutorily required documents, was duly
9 served on Respondent on February 14, 2001, and Respondent timely filed her Notice of Defense
10 contesting the Accusation. A copy of Accusation Number 2001-224 is attached as Exhibit A and
11 incorporated herein by reference.

12 ADVISEMENT AND WAIVERS

13 5. Respondent has carefully read the nature of the charges and allegations
14 contained in Accusation Number 2001-224. Respondent also has read and carefully considered
15 the Stipulated Surrender of License and understands the effect it will have on her ability to
16 practice.

17 6. Respondent is fully aware of her legal rights in this matter, including the
18 right to a hearing on the charges and allegations in the Accusation, the right to be represented by
19 counsel, at her own expense, the right to confront and cross-examine the witnesses against her,
20 the right to present evidence and to testify on her own behalf and to the issuance of subpoenas to
21 compel the attendance of witnesses and the production of documents, the right to reconsideration
22 and court review of an adverse decision, and all other rights accorded by the California
23 Administrative Procedure Act and other applicable laws.

24 7. Respondent voluntarily, knowingly and intelligently waives and gives up
25 each and every right set forth above.

26 CULPABILITY

27 8. Respondent understands that the charges and allegations in the
28 Accusation, if proven at a hearing, constitute cause for imposing discipline upon her Registered

1 Nurse License.

2 9. Respondent admits the truth of each and every charge and allegation in
3 Accusation Number 2001-224 and agrees that cause exists for discipline and hereby surrenders
4 her Registered Nurse License Number 480656 to the Board for formal acceptance.

5 EFFECT OF SURRENDER

6 10. Respondent understands that by signing this stipulation she enables the
7 Board to issue its order accepting the surrender of her Registered Nurse License without further
8 process.

9 11. Upon acceptance of the stipulation by the Board, Respondent understands
10 that she will no longer be permitted to practice as a Registered Nurse in California, and also
11 agrees to surrender and cause to be delivered to the Board both her pocket license and wall
12 certificate before the effective date of the decision.

13 12. Respondent fully understands and agrees that if she ever files an
14 application for relicensure or reinstatement in the State of California, the Board shall treat it as a
15 petition for reinstatement. Respondent must comply with all the laws, regulations and
16 procedures for reinstatement of a revoked license in effect at the time the petition is filed, and all
17 of the charges and allegations contained in Accusation Number 2001-224 will be deemed to be
18 true, correct and admitted by Respondent when the Board determines whether to grant or deny
19 the petition. Should respondent ever reapply for any other license or certification by any other
20 health care licensing agency in the State of California, all of the charges contained in Accusation
21 Number 2001-224 shall be deemed admitted for the purpose of any Statement of Issues or any
22 other proceeding seeking to deny or restrict such application

23 13. Respondent is currently serving three (3) years of supervised criminal
24 probation, by order of the San Mateo Superior Court, beginning on September 14, 2000,
25 pursuant to her conviction in the case entitled *People of the State of California v. Teresa Marie*
26 *Arellano*, Case Number SC047907A. Respondent is precluded from petitioning for
27 reinstatement pursuant to section 2760.1 of the Business and Professions Code which states, in
28 relevant part, as follows:

1 "(g) No petition shall be considered while the petitioner is under sentence
2 for any criminal offense, including any period during which the petitioner is on court-imposed
3 probation or parole, or subject to an order of registration pursuant to Section 290 of the Penal
4 Code. No petition shall be considered while there is an accusation or petition to revoke
5 probation pending against the petitioner."

6 14. Respondent fully understands and agrees that she may not petition the Board
7 for reinstatement of the surrendered license until the completion of the court-imposed criminal
8 probation referenced in paragraph 13 above, and in any event, no sooner than two (2) years from
9 the effective date of the Board's Decision adopting this Stipulated Surrender of License.

10 15. The surrender of Respondent's nursing license and the formal acceptance of
11 the license surrender by the Board constitute the imposition of discipline against Respondent.
12 The instant stipulation shall constitute a record of such discipline and shall become a part of
13 Respondent's license history with the Board.

14 16. Respondent understands and agrees that upon reinstatement of the license,
15 she shall pay to the Board costs associated with its investigation and enforcement pursuant to
16 Business and Professions Code section 125.3 in the amount of \$ 10,962.00. Respondent shall be
17 permitted to pay these costs in a payment plan approved by the Board.

18 RESERVATION

19 17. The admissions made by Respondent herein are only for the purposes of this
20 proceeding, or any other proceedings in which the Board of Registered Nursing or other
21 professional licensing agency is involved, and shall not be admissible in any other criminal or
22 civil proceeding.

23 CONTINGENCY

24 18. This stipulation shall be subject to the approval of the Board. Respondent
25 understands and agrees that Board of Registered Nursing's staff and counsel for complainant may
26 communicate directly with the Board regarding this stipulation and settlement, without notice to
27 or participation by Respondent or her counsel. If the Board fails to adopt this stipulation as its
28 Order, the Stipulation for Surrender of License Order shall be of no force or effect, it shall be

1 inadmissible in any legal action between the parties, and the Board shall not be disqualified from
2 further action in this matter by virtue of its consideration of this stipulation.

3 19. The parties agree that facsimile copies to this Stipulated Surrender of
4 License and Order, including facsimile signatures thereto, shall have the same force and effect as
5 original Stipulated Settlement and Disciplinary Order and signatures.

6 20. Each term and condition contained herein is a separate and distinct term
7 and condition. If any term and condition of this Order, or any application thereof, is declared
8 unenforceable in whole, in part, or to any extent, the remainder of this Order, and all other
9 applications thereof, shall not be affected. Each term and condition of this Order shall separately
10 be valid and enforceable to the fullest extent permitted by law.

11 ACCEPTANCE

12 I, Teresa Marie Arellano, have carefully read the above Stipulated Surrender of
13 License and entered into this agreement freely and voluntarily with full knowledge of its force
14 and effect, do hereby surrender my Registered Nurse License to the Board of Registered Nursing
15 for its formal acceptance. By signing this Stipulated Surrender of License I recognize that upon
16 its formal acceptance by the Board I will lose all rights and privileges to practice as a Registered
17 Nurse in the State of California and I will also cause to be delivered to the Board both my license
18 and wallet certificate before the effective date of the decision.

19 I further agree that a facsimile copy of this Stipulated Surrender of License and
20 Order including facsimile copies of signatures, may be used with the same force and effect as the
21 originals.

22 DATED: March 22, 2001

23 
24 TERESA MARIE ARELLANO
Respondent

25 ENDORSEMENT

26
27 The foregoing Stipulated Surrender of License is hereby respectfully submitted
28

for consideration by the Board of Registered Nursing of the Department of Consumer Affairs.

DATED: _____

BILL LOCKYER, Attorney General
of the State of California


HANNAH HIRSCH ROSE
Deputy Attorney General

Attorneys for Complainant

LYDIA ZANE
Senior Legal Analyst

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Stipulation for Surrender.wpt

Exhibit A:
Accusation, Case No. 2001-224

1 BILL LOCKYER, Attorney General
of the State of California
2 HANNAH HIRSCH ROSE, State Bar No. 56276
Deputy Attorney General
3 California Department of Justice
455 Golden Gate Avenue, Suite 11000
4 San Francisco, California 94102
Telephone: (415) 703-5515
5 Facsimile: (415) 703-5480

6 Attorneys for Complainant

7
8 **BEFORE THE**
9 **BOARD OF REGISTERED NURSING**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 2001-224

13 TERESA MARIE ARELLANO
14 32 Springfield Drive
San Francisco, California 94132

A C C U S A T I O N

15 Registered Nurse License No. 480656

16 Respondent.

17
18 Complainant alleges:

19 **PARTIES**

20 1. Ruth Ann Terry, M.P.H., R.N. ("Complainant") brings this Accusation
21 solely in her official capacity as the Executive Officer of the Board of Registered Nursing,
22 Department of Consumer Affairs.

23 2. On or about August 31, 1992, the Board of Registered Nursing issued
24 Registered Nurse License Number 480656 to Teresa Marie Arellano ("Respondent"). The
25 Registered Nurse License was in full force and effect at all times relevant to the charges brought
26 herein and will expire on December 31, 2001. On or about September 14, 2000, respondent's
27 license was suspended by order of the California Superior Court following her conviction and
28 subsequent sentencing for the felony violation of Health & Safety Code section 11371.1.

JURISDICTION

3. This Accusation is brought before the Board of Registered Nursing ("Board"), under the authority of the following sections of the Business and Professions Code ("Code").

4. Section 118(b) of the Code states, in pertinent part, that the suspension/expiration/surrender/cancellation of a license shall not deprive the Board of jurisdiction to proceed with a disciplinary action during the period within which the license may be renewed, restored, reissued or reinstated.

5. Section 490 of the Code states, in pertinent part, that the Board may suspend or revoke a license when it finds that the licensee has been convicted of a crime.

6. Section 2750 of the Code states, in pertinent part, that the Board may discipline any licensee, including a licensee holding a temporary or an inactive license, for any reason provided in Article 3 of the Nursing Practice Act.

7. Section 2761 of the Code states in relevant parts that the Board may take disciplinary action against a certified or licensed nurse or deny an application for a certificate or license for any of the following:

(a) Unprofessional conduct, which includes, but is not limited to, the following:

(1) Incompetence, or gross negligence in carrying out usual certified or licensed nursing functions.

(d) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violating of, or conspiring to violate any provision or term of this chapter or regulations adopted pursuant to it.

(f) Conviction of a felony or of any offense substantially related to the qualifications, functions, and duties of a registered nurse, in which event the record of the conviction shall be conclusive evidence thereof.

8. Section 2762 of the Code states that in addition to other acts constituting unprofessional conduct within the meaning of this chapter it is unprofessional conduct for a person licensed under this chapter to do any of the following:

1 (a) Obtain or possess in violation of law, or prescribe, or except as directed by a
2 licensed physician and surgeon, dentist, or podiatrist administer to himself or herself, or furnish
3 or administer to another, any controlled substance as defined in Division 10 (commencing with
4 Section 11000) of the Health and Safety Code or any dangerous drug or dangerous device as
5 defined in Section 4022.

6 (b) Use any controlled substance as defined in Division 10 (commencing with
7 Section 11000) of the Health and Safety Code, or any dangerous drug or dangerous device as
8 defined in Section 4022, or alcoholic beverages, to an extent or in a manner dangerous or
9 injurious to himself or herself, any other person, or the public or to the extent that such use
10 impairs his or her ability to conduct with safety to the public the practice authorized by his or her
11 license.

12 (c) Be convicted of a criminal offense involving the prescription, consumption, or
13 self-administration of any of the substances described in subdivisions (a) and (b) of this section,
14 or the possession of, or falsification of a record pertaining to, the substances described in
15 subdivision (a) of this section, in which event the record of the conviction is conclusive evidence
16 thereof.

17 (d) Falsify, or make grossly incorrect, grossly inconsistent, or unintelligible
18 entries in any hospital, patient, or other record pertaining to the substances described in
19 subdivision (a) of this section.

20 9. Title 16, California Code of Regulations section 1444 states that a crime or
21 act shall be considered to be substantially related to the qualifications, functions or duties of a
22 registered nurse if to a substantial degree it evidences present or potential unfitness of a
23 registered nurse to perform the functions authorized by his/her license in a manner consistent
24 with the public health, safety, or welfare. Such crimes or acts shall include but not be limited to
25 those involving the following:

26 (b) Violating or attempting to violate, directly or indirectly, or assisting in or
27 abetting the violation of, or conspiring to violate any provision or term of Chapter 6, Division 2
28 of the Business and Professions Code;

(d) A crime or act involving the sale, gift, administration, or furnishing of "narcotics or dangerous drugs or dangerous devices" as defined in Section 4035 of the code;

10. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

11. DRUGS

"Morphine" is a Schedule II controlled substance pursuant to Health and Safety Code section 11055(b)(1) and a dangerous drug pursuant to Business and Professions Code section 4022. Morphine is a principal alkaloid of opium and considered to be the prototype of the opiate agonists. Morphine Sulfate is a narcotic analgesic prescribed to reduce pain.

"Hydromorphone" is a Schedule II controlled substance pursuant to Health and Safety Code section 11055(b)(1) and a dangerous drug pursuant to Business and Professions Code section 4022. Hydromorphone is a hydrogenated ketone of morphine and a narcotic analgesic.

"Meperidine", also referred to as "Demerol", is a Schedule II controlled substance pursuant to Health and Safety Code section 11055(b)(2) and a dangerous drug pursuant to Business and Professions Code section 4022. Meperidine is a narcotic analgesic with multiple actions qualitatively similar to those of morphine.

"Fentanyl" is a Schedule II controlled substance pursuant to Health and Safety Code section 11055(c) and a dangerous drug pursuant to Business and Professions Code section 4022. Fentanyl is an opioid analgesic. Its primary actions of therapeutic value are analgesia and sedation.

"Hydrocodone" also known as "Vicodin" is a Schedule III controlled substance pursuant to Health and Safety Code section 11056(e) and a dangerous drug pursuant to Business and Professions Code section 4022. Hydrocodone is a semisynthetic narcotic analgesic and antitussive with multiple actions qualitatively similar to codeine.

///

FIRST CAUSE FOR DISCIPLINE

(Unprofessional Conduct - Conviction)

12. Respondent is subject to disciplinary action under section 2761(f) and sections 2762(c) of the Code in that on or about September 14, 2000, respondent was convicted of the violation of Health & Safety Code section 11371.1, a felony, in the case entitled People v. Teresa Marie Arellano before the County of San Mateo Superior Court, Case Number SC047907A. The circumstances are as follows:

A. On or about May 12, 2000, while employed as a Registered Nurse at Kaiser Hospital in South San Francisco, hospital staff discovered that respondent diverted narcotic controlled substances revealed in a review of patient records which included but are not limited to the following discrepancies:

(1) Patient Record No. 1

(a) On May 12, 2000, at or around 1845 hours, respondent signed out for 100 mg. of Demerol for this patient. There was no physician's order for Demerol for this patient and no documentation of the administration and/or account for the disposition of the Demerol.

(2) Patient Record No. 2

(a) On May 12, 2000, at or around 1630 hours, respondent signed out for 200 mg. of Demerol for this patient. At or around 2000 hours, respondent signed out for 100 mg. of Demerol. There was no physician's order for Demerol for this patient and no documentation of the administration and/or account for the disposition of the Demerol.

(b) On May 12, 2000, respondent signed out for 20 mg. of Morphine Sulfate at 0900 hours, 10 mg. of Morphine Sulfate at 1507 hours, 20 mg. of Morphine Sulfate at 1830 hours, and 20 mg. of Morphine Sulfate at 2140 hours for this patient. The physician's order was for 10 - 15 mg. of Morphine Sulfate intramuscularly every 3 hours as needed. There was no documentation of the administration and/or account for the disposition of the Morphine Sulfate.

(3) Patient Record No. 4

On May 12, 2000, at or around 0830 hours, respondent signed out for 100 mg. of Demerol for this patient. At or around 1400 hours, respondent signed out for 100 mg. of

1 Demerol. The physician's order for this patient was for 50 mg. of Demerol intramuscularly
2 every 3 to 4 hours as needed. Respondent's medication documentation indicated that she
3 administered 50 mg. of Demerol at 0900 hours and 50 mg. of Demerol at 1250 hours. There was
4 no wastage of Demerol documented.

5 (4) Patient Record No. 5

6 A. On May 12, 2000, at or around 1230 hours, respondent signed out for 100
7 mg. of Demerol for this patient. There was no physician's order for this patient and no record of
8 the administration and/or account for disposition of the Demerol.

9 B. On or about May 22, 2000, during the course of a Police investigatory
10 interview, respondent admitted that she stole narcotics from Kaiser Hospital in South San
11 Francisco, Saint Luke's Hospital in San Francisco and UCSF Stanford Healthcare in San
12 Francisco.

13 C. On or about July 11, 2000, respondent was arrested for possession of
14 controlled substances without benefit of prescription. Respondent was convicted by her plea of
15 "nolo contendere" for willfully and unlawfully obtaining and attempting to obtain controlled
16 substances, to wit, Morphine, Hydromorphone and Meperidine, by fraud, deceit,
17 misrepresentation and subterfuge and by the concealment of a material fact, within Health &
18 Safety Code section 11173(A), in violation of Health & Safety Code Section 11371.1.

19 13. Respondent's conduct, as set forth above in paragraph 12, is
20 substantially related to the qualifications, functions or duties of a registered nurse as defined in
21 Title 16, California Code of Regulations section 1444.

22 14. Respondent is subject to disciplinary action under section 2762(a)(b) of
23 the Code in that while employed as a Registered Nurse at Kaiser Hospital in South San
24 Francisco, respondent unlawfully obtained narcotic medications for her own use from the
25 hospital supply without benefit of prescription as set forth in paragraph 12 above.

26 15. Respondent is subject to disciplinary action under section 2762 (e) of the
27 Code in that while employed as a registered nurse at Kaiser Hospital in South San Francisco,
28 respondent falsified or made grossly incorrect, grossly inconsistent or unintelligible entries in

1 hospital, patient, or other records pertaining to controlled substances as set forth in paragraph 12
2 above.

3 SECOND CAUSE FOR DISCIPLINE

4 16. Respondent is subject to disciplinary action under section 2761(a) and
5 section 2762(b) of the Code in that respondent, while employed as a registered nurse at Saint
6 Luke's Hospital in San Francisco, behaved inappropriately and unprofessionally. The
7 circumstances are as follows:

8 A. On or about October 5, 1999, respondent was observed by other
9 hospital staff as behaving inappropriately and being in an "unfocused and trance-like state" at the
10 shift "pass-on." According to Hospital staff, respondent flipped through records, gave incorrect
11 information, avoided talking with her co-workers and was noted to be pale and shaking.
12 Respondent allegedly rushed out of the hospital when a supervisor was notified of her condition.

13 17. Respondent's conduct, as set forth above in paragraph 16, is
14 substantially related to the qualifications, functions or duties of a registered nurse as defined in
15 Title 16, California Code of Regulations section 1444.

16 THIRD CAUSE FOR DISCIPLINE

17 (Falsify Records Pertaining to Controlled Substances)

18 18. Respondent is subject to disciplinary action under section 2762 (e) of the
19 Code in that while employed as a registered nurse at St. Luke's Hospital in San Francisco,
20 California, respondent falsified or made grossly incorrect, grossly inconsistent or unintelligible
21 entries in hospital, patient, or other records pertaining to controlled substances, to wit,
22 Morphine/Morphine Sulphate, Hydromorphone and or Meperidine. The circumstances are as
23 follows:

24 A. An audit of St. Luke's Hospital's controlled substances dispensing
25 system ("Pyxis") conducted on or about October 5, 1999, revealed that on or about October 5,
26 1999, respondent withdrew 16 (100 mg.) injectable doses of Demerol (Meperidine) and 2 vials
27 (15 mg. and 10 mg. doses) of Morphine. Respondent's documentation for these substances was
28 difficult to read, incomplete and inappropriate.

B. A subsequent audit of medication withdrawals by respondent, conducted for the time period beginning December 1998 and ending March 2000, revealed discrepancies in patient records as follows:

(1) Patient Record No. 1704061

(a) On or about December 30, 1998, at 1622 hours, respondent signed out for 50 mcg of Fentanyl for this patient. There was no physician's order for Fentanyl for this patient at the time that respondent signed out the for the medication. Respondent failed to chart the administration and/or account for the disposition of the Fentanyl.

(b) On or about December 30, 1998, at 1858 hours, respondent signed out for 10 mg. of Morphine for this patient. The physician's order for Morphine for this patient specified doses of 2 to 4 mg. Respondent failed to chart the administration and/or account for the disposition of the Morphine.

(c) On or about December 30, 1998, at 1959 hours, respondent signed out for 10 mg. of Morphine for this patient. The physician's order for the Morphine specified doses of 2 to 4 mg. Respondent failed to chart the administration of the Morphine. Wastage of 6 mg. of Morphine was noted and witnessed.

(2) Patient Record No. 1701056

(a) On or about December 18, 1998, at 1622 hours, respondent signed out for 75 mg. of Demerol for this patient. There was no physician's order for Demerol for this patient at the time that respondent signed out the for the medication. Respondent failed to chart the administration and/or account for the wastage of the Demerol.

(3) Patient Record No. 1702837

(a) On or about December 25, 1998, at 0815 hours, respondent signed out for 50 mcg. of Fentanyl for this patient. There was no physician's order for Fentanyl for this patient. Respondent failed to chart the administration and/or account for the disposition of the Fentanyl.

(b) On or about December 25, 1998, at 0910 hours, respondent signed out for 50 mcg. of Fentanyl for this patient. There was no physician's order for Fentanyl for this patient. Respondent failed to chart the administration and/or account for the disposition of the Fentanyl.

(c) On or about December 25, 1998, at 1016 hours, respondent signed out for 50 mcg. of Fentanyl for this patient. There was no physician's order for Fentanyl for this patient. Respondent failed to chart the administration and/or account for the disposition of the Fentanyl.

(d) On or about December 25, 1998, at 1144 hours, respondent signed out for 50 mcg. of Fentanyl for this patient. There was no physician's order for Fentanyl for this patient. Respondent failed to chart the administration and/or account for the disposition of the Fentanyl.

(e) On or about December 25, 1998, at 1427 hours, respondent signed out for 2 tablets of Tylenol with Codeine for this patient. There was no physician's order for the Tylenol with Codeine for this patient. Respondent failed to chart the administration and/or account for the disposition of this medication.

(4) Patient Record No. 182926

(a) On or about December 26, 1998, at 1134 hours, respondent signed out for 100 mg. of Demerol for this patient. There was no physician's order for the Demerol and respondent failed to chart the administration and/or account for the disposition of this medication.

(b) On or about December 26, 1998, at 1200 hours, respondent signed out for 10 mg. of Morphine Sulfate for this patient. There was no physician's order for the Morphine Sulfate for this patient. Respondent failed to chart the administration and/or account for the disposition of this medication.

(5) Patient Record No. 417097

On or about February 7, 2000, at 0825 hours, respondent signed out for 100 mg. of Demerol for this patient. The physician's order for the Demerol specified a dosage of 75 mg.. Respondent failed to chart the administration of the Demerol or to account for the wastage of this medication.

(6) Patient Record No. 347688

On or about February 27, 2000, at 0805 hours, respondent signed out for 2 tablets of Vicodin. This was the correct dosage as specified in the physician's order. However, the medication was charted as administered at 0811 hours in the wrong time slot on the Prn/Non Routine Medication Record for this patient.

(7) Patient Record No. 171413

(a) On or about February 26, 2000, at 1241 hours, respondent signed out for 100 mg. of Demerol for this patient. The physician's order for the Demerol specified a dosage of 25 mg. by intravenous push 4 times as needed. Respondent failed to chart the administration and/or account for the wastage of the Demerol.

(b) On or about February 26, 2000, at 1510 hours, respondent signed out for 100 mg. of Demerol for this patient. The physician's order for the Demerol specified a dosage of 25 mg. by intravenous push 4 times as needed. Respondent failed to chart the administration and/or account for the wastage of the Demerol.

(c) On or about February 27, 2000, at 0932 hours, respondent signed out for 100 mg. of Demerol for this patient. The physician's order for the Demerol specified a dosage of 25 mg. by intravenous push 4 times as needed. Respondent failed to chart the administration and/or account for the wastage of the Demerol.

(d) On or about February 27, 2000, at 0945 hours, respondent signed out for 100 mg. of Demerol for this patient. The physician's order for the Demerol specified a dosage of 25 mg. by intravenous push 4 times as needed. Respondent failed to chart the administration and/or account for the wastage of the Demerol.

(e) On or about February 27, 2000, at 1100 hours, respondent signed out for 100 mg. of Demerol for this patient. The physician's order for the Demerol specified a dosage of 25 mg. by intravenous push 4 times as needed. Respondent failed to chart the administration and/or account for the wastage of the Demerol.

(f) On or about February 27, 2000, at 1215 hours, respondent signed out for 100 mg. of Demerol for this patient. The physician's order for the Demerol specified a dosage of 25 mg. by intravenous push 4 times as needed. Respondent failed to chart the administration and/or account for the wastage of the Demerol.

(8) Patient Record No. 408474

(a) On or about February 26, 2000, at 1006 hours, respondent signed out for 15 mg. of Morphine Sulfate for this patient. The physician's order for the Morphine Sulphate specified a

dosage of 10 mg. intramuscularly. Respondent failed to chart the administration and/or account for the wastage of the Morphine Sulfate.

(b) On or about February 26, 2000, at 1014 hours, respondent signed out for 15 mg. of Morphine Sulfate. The physician's order for the Morphine Sulphate specified a dosage of 10 mg. intramuscularly. Respondent failed to chart the administration and/or account for the wastage of the Morphine Sulfate.

(9) Patient Record No. 367903

(a) On or about February 27, 2000, at 0908 hours, respondent signed out for 100 mg. of Demerol for this patient. The physician's order for the Demerol specified a dosage of 50 - 75 mg. intramuscularly every 3 hours as needed for 48 hours. Respondent failed to chart the administration and/or account for the wastage of the Demerol.

(b) On or about February 27, 2000, at 1046 hours, respondent signed out for 100 mg. of Demerol for this patient. The physician's order for the Demerol specified a dosage of 50 - 75 mg. intramuscularly every 3 hours as needed for 48 hours. Respondent failed to chart the administration and/or account for the wastage of the Demerol.

(c) On or about February 27, 2000, at 1126 hours, respondent signed out for 100 mg. of Demerol for this patient. The physician's order for the Demerol specified a dosage of 50 - 75 mg. intramuscularly every 4 hours as needed for 48 hours. Respondent failed to chart the administration and/or account for the wastage of the Demerol.

(d) On or about February 27, 2000, at 1138 hours, respondent signed out for 10 mg. of Morphine Sulfate for this patient. There was no physician's order for the Morphine Sulfate for this patient on February 27, 2000. Respondent failed to chart the administration and/or account for the disposition of this medication

(e) On or about February 27, 2000, at 1234 hours, respondent signed out for 10 mg. of Morphine Sulfate for this patient. There was no physician's order for the Morphine Sulfate for this patient. Respondent failed to chart the administration and/or account for the disposition of this medication.

(f) On or about February 27, 2000, at 1235 hours, respondent signed out for 100 mg.

1 of Demerol for this patient. The physician's order for the Demerol specified a dosage of 50 - 75
2 mg. intramuscularly every 4 hours as needed for 48 hours. Respondent failed to chart the
3 administration and/or account for the wastage of the Demerol.

4 (g) On or about February 27, 2000, at 1349 hours, respondent signed out for 10 mg.
5 of Morphine Sulfate for this patient. There was no physician's order for the Morphine Sulfate for
6 this patient. Respondent failed to chart the administration and/or account for the disposition of
7 this medication.

8 (h) On or about February 27, 2000, at 1403 hours, respondent signed out for 100 mg.
9 of Demerol for this patient. The physician's order for the Demerol specified a dosage of 50 - 75
10 mg. intramuscularly every 3 hours as needed for 48 hours. Respondent failed to chart the
11 administration and/or account for the wastage of the Demerol.

12 (i) On or about February 27, 2000, at 1459 hours, respondent signed out for 100 mg.
13 of Demerol for this patient. The physician's order for the Demerol specified a dosage of 50 - 75
14 mg. intramuscularly every 3 hours as needed for 48 hours. Respondent failed to chart the
15 administration and/or account for the wastage of the Demerol.

16 (10) Patient Record No. 204284

17 (a) On or about March 2, 2000, at 0941 hours, respondent signed out for 100 mg. of
18 Demerol for this patient. There was no physician's order for Demerol for this patient.
19 Respondent failed to chart the administration and/or account for the disposition of this
20 medication.

21 (b) On or about March 2, 2000, at 1150 hours, respondent signed out for 100 mg. of
22 Demerol for this patient. There was no physician's order for Demerol for this patient.
23 Respondent failed to chart the administration and/or account for the disposition of this
24 medication.

25 (c) On or about March 2, 2000, at 1221 hours, respondent signed out for 100 mg. of
26 Demerol for this patient. There was no physician's order for Demerol for this patient.

27 ///

28 ///

Respondent failed to chart the administration and/or account for the disposition of this medication.

(d) On or about March 2, 2000, at hours, respondent signed out for 100 mg. of Demerol for this patient. There was no physician's order for Demerol for this patient. Respondent failed to chart the administration and/or account for the disposition of this medication.

(11) Patient Record No. 361276

(a) On or about March 2, 2000, at 0806 hours, respondent signed out for 15 mg. of Morphine Sulfate for this patient. There was no physician's order for the Morphine Sulfate for this patient. Respondent failed to chart the administration and/or account for the disposition of this medication.

(b) On or about March 2, 2000, at 0901 hours, respondent signed out for 15 mg. of Morphine Sulfate for this patient. There was no physician's order for the Morphine Sulfate. Respondent failed to chart the administration and/or account for the disposition of this medication.

(c) On or about March 2, 2000, at 1041 hours, respondent signed out for 15 mg. of Morphine Sulfate for this patient. There was no physician's order for the Morphine Sulfate for this patient. Respondent failed to chart the administration and/or account for the disposition of this medication.

(d) On or about March 2, 2000, at 1107 hours, respondent signed out for 15 mg. of Morphine Sulfate for this patient. There was no physician's order for the Morphine Sulfate for this patient. Respondent failed to chart the administration and/or account for the disposition of this medication.

(e) On or about March 2, 2000, at 1351 hours, respondent signed out for 15 mg. of Morphine Sulfate for this patient. There was no physician's order for the Morphine Sulfate for this patient. Respondent failed to chart the administration and/or account for the disposition of this medication.

///

(a) On or about March 2, 2000, respondent signed out for a tablet of Tylenol with Codeine for this patient. There was no physician's order for the Tylenol with Codeine for this patient. Respondent failed to chart the administration and/or accounting for the disposition of this medication.

C. On or about October 9, 1999, respondent was confronted by St. Luke's Hospital staff and admitted to the diversion and use of the controlled substances. On or about March 7, 1999, while employed as a Registered Nurse at St. Luke's Hospital, respondent admitted that she continued to divert narcotic medication, specifically, Demerol (Meperidine), Morphine, Tylenol with Codeine and Vicodin. Respondent was terminated from her employment with the hospital. On or about March 1999, in an interview with a St. Luke's Hospital administrator, respondent admitted that she diverted narcotic medications while employed as a nurse at St. Luke's. Respondent admitted the same conduct in an interview on or about June 12, 2000, with P. J. Dooley, Senior Investigator with the Division of Investigation, Department of Consumer Affairs.

19. Respondent's conduct, as set forth above in paragraph 18, is substantially related to the qualifications, functions or duties of a registered nurse as defined in Title 16, California Code of Regulations section 1444.

20. Respondent is subject to disciplinary action under section 2762(a)(b) of the code in that while employed as a Registered Nurse at Saint Luke's Hospital in San Francisco, respondent unlawfully obtained narcotic medications for her own use from the hospital supply without benefit of prescription as set forth in paragraph 18 above.

FOURTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct - Obtaining Controlled Substances)

21. Respondent is subject to disciplinary action under section 2762(a)(b) of the code in that while employed as a Registered Nurse at UCSF Stanford Healthcare in San Francisco, respondent unlawfully obtained Morphine Sulfate for her own use from the hospital supply without benefit of prescriptions. The circumstances are as follows:

a. An audit of narcotic medication withdrawals on the hospital's computerized dispensing system made by respondent, conducted for the time period beginning from July 1, 1997, through December 15, 1997, revealed discrepancies in patient records as follows:

(1) Patient No. 1

On July 9, 1997, at 2001 hours, respondent withdrew 15 mg. of Morphine Sulfate for this patient. There was no physician's order for this medication for this patient and no indication in the patient's 24 Hour Flow Sheet record as to the administration and/or accounting for the disposition of the Morphine Sulfate.

(2) Patient No. 2

On October 3, 1997, at 0207 hours, respondent withdrew 15 mg. of Morphine Sulfate for this patient. The physician's order for this patient prescribed Morphine Sulfate 0.2 - 0.5 mg. intravenously every 1 to 2 hours as needed for pain. There was no indication in the patient's 24 Hour Flow Sheet record as to the administration and/or accounting for the disposition of this medication.

(3) Patient No. 3

On November 14, 1997, at 2146 hours, respondent withdrew 15 mg. of Morphine Sulfate for this patient. The physician's order for this patient prescribed 0.025 mg. to 0.05 mg. of Morphine Sulfate intravenously every 1 - 2 hours as needed for pain. There was no indication in the patient's 24 Hour Flow Sheet record indicating the administration and/or accounting for the disposition of the Morphine Sulfate.

(4) Patient No. 4

On November 15, 1997, at 0027 hours, respondent withdrew 15 mg. of Morphine Sulfate for this patient. The physician's order for this patient was for Morphine at 0.025 to 0.05 mg. intravenously every hour. There was no indication in the patient's 24 Hour Flow Sheet record indicating the administration and/or accounting for the disposition of the Morphine Sulfate.

c. In an interview with respondent on or about October 29, 1999,

1 respondent admitted that she diverted narcotic medications while employed as a Registered
2 Nurse at UCSF Stanford Healthcare.

3 22. Respondent's conduct, as set forth above in paragraph 21, is
4 substantially related to the qualifications, functions or duties of a registered nurse as defined in
5 Title 16, California Code of Regulations section 1444.

6 23. Respondent is subject to disciplinary action under section 2762 (e) of the
7 Code in that while employed as a registered nurse at UCSF Stanford Healthcare in San
8 Francisco, respondent falsified or made grossly incorrect, grossly inconsistent or unintelligible
9 entries in hospital, patient, or other records pertaining to controlled substances as set forth in
10 paragraph 21 above.

11 FIFTH CAUSE FOR DISCIPLINE

12 (Unprofessional Conduct - Gross Negligence/Incompetence)

13 24. Respondent is subject to disciplinary action under section 2761(a)(1) of
14 the code, unprofessional conduct, in that respondent's conduct was grossly negligent and/or
15 incompetent while employed as a Registered Nurse at UCSF Stanford Healthcare in San
16 Francisco, at Saint Luke's Hospital in San Francisco and at Kaiser Hospital in South San
17 Francisco, in carrying out her usual licensed nursing functions as fully set forth in paragraph 12,
18 paragraph 16, paragraph 18, and paragraph 21 above.

19 PRAYER

20 WHEREFORE, Complainant requests that a hearing be held on the matters herein

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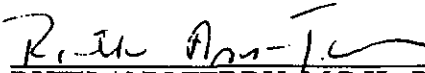
1 alleged, and that following the hearing, the Board of Registered Nursing issue a decision:

2 1. Revoking Registered Nurse License Number 480656, issued to Teresa
3 Marie Arellano;

4 2. Ordering Teresa Marie Arellano to pay the Board of Registered Nursing
5 the reasonable costs of the investigation and enforcement of this case, pursuant to Business and
6 Professions Code section 125.3;

7 3. Taking such other and further action as deemed necessary and proper.

8 DATED: 2/6/01

11 
12 RUTH ANN TERRY, M.P.H., R.N.
13 Executive Officer
14 Board of Registered Nursing
15 Department of Consumer Affairs
16 State of California
17 Complainant

15 03579110-SF2000AD1554
16 2Accusation.wpt 9/28/00
17 LLZ 01/10/01